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Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS 419

ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 485

County Registered No. 191

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX AUG 11 1910

PLACE OF DEATH

County of Maricopa

District of 4

Town of Glendale

or

City of

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. ..... St., ... Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) Home " "

FULL NAME Rita Limon

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 2 yrs ..... mos.

In Arizona 2 yrs ..... mos.

SEX: Female

COLOR OR RACE: ~~White~~ ~~Black~~ Mexican ~~Chinese~~ ~~Indian~~

DATE OF BIRTH: May (month) 21 (day) 1908 (year)

AGE: 2 years 1 months 6 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or foreign country): Arizona

OCCUPATION: none

NAME OF FATHER: George Limon

BIRTHPLACE OF FATHER (State or foreign country): Mexico

MAIDEN NAME OF MOTHER: Sara Palomino

BIRTHPLACE OF MOTHER (State or foreign county): Arizona

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: George Limon

(Address) Glendale, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (month) 27 (day) 1910 (year)

I hereby certify, That ~~I attended deceased from~~ ..... 19 to ..... 19 ..... that ~~I last saw him alive on~~ ..... 19 ..... ~~and that~~ death occurred on the date stated above at noon

The DISEASE or INJURY causing DEATH was as follows;

Tubes Mesenterica

(without medical attendance)

Where contracted Arizona Duration 18 mo

Contributing cause (if any) .....

Where contracted ..... Duration .....

(Signed) J. B. Hill M.D.

6/28 1910 Address Glendale, Ariz.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence ..... How long at Place of Death ..... Days

Place of burial or removal: Glendale Cemetery

Date of burial or removal: June 28 1910

Undertaker

Address

Filed June 28 1910 J. B. Hill

Filed Aug 6 1910 T. A. Hodgins (Local Registrar)

NOTE—Should be stated LEGALLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.